

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1943

Registration District No. 32

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5113

State File No. 3770E

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Patton Union Twp
(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution: 6 years (Specify whether years, months or days)
In this community 6 years

3. (b) PRINT FULL NAME OF DECEASED

Georgia Anna Shrum
3. (b) If veteran, name war: None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife: Adam S. Shrum 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Sept 14 - 1888 (Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Republic, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name George Upper

13. Birthplace Michigan (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. Adam George Shrum

(b) Address Patton, Mo.

17. (a) Removal + Burial (b) Date thereof 11-20-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilson Cem, Ripley, Mo.

18. (a) Signature of funeral director H. Jordan

(b) Address Douglas, Mo.

19. (a) Nov. 23, 1943 (b) Mrs. Geneva Graham (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger
(c) City or town Patton (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 19 year 1943 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 43 19 43 to Nov. 15 19 43
that I last saw her alive on Nov. 18 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation
right ventricle Duration 24 hrs

Due to Congestive heart failure 3 weeks.

Due to

Other conditions (Include pregnancy within 3 months of death) 932

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature D. R. Reymers (M.D. or other)
Address Patton, Mo. Date signed 11/19/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4

District File Number 1243-296

Date Filed 12-6-43

Large
Legitimate
M.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

not Embalmed

Signed

J. E. Jordan

Licensed Embalmer No. 32001

P. O. Address Doniphan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.